PD F 5192 E Department of the Treasury Bureau of the Public Debt (Revised November 2005) www.treasurydirect.gov

1-800-722-2678

Legacy Treasury Direct®

STOP PAYMENT/REPLACEMENT PAYMENT REQUEST

SEE INSTRUCTIONS -TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. Legacy Treasury Direct ACCOUNT INFORMATION	FOR DEPARTMENT USE
Legacy Treasury Direct ACCOUNT NUMBER	
ACCOUNT NAME	DOCUMENT AUTHORITY
	APPROVED BY
	DATE APPROVED
CURRENT ADDRESS	CHECK NUMBER
City State ZIP Code	
City State ZIP Code	
IS THIS A NEW ADDRESS?	
CUSIP DESCRIPTION	
2. CHECK INFORMATION	
CHECK NUMBER (IF KNOWN) AMOUNT \$	
PAYMENT DATE: PAYMENT TYPE: _ PRINCIPAL _ INTEREST	REFUND
THIS CHECK WAS: ☐ NOT RECEIVED ☐ LOST ☐ STOLEN ☐ DESTRO	DYED
IF LOST, STOLEN, OR DESTROYED, WAS THE CHECK ENDORSED?	0
EXACT FORM OF ENDORSEMENT:	
DESCRIBE THE CIRCUMSTANCES OF THE LOSS, THEFT, OR DESTRUCTION:	
	_
SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT	NOTICE (OVER)

3. AUTHORIZATION	WAIT UNTIL YOU ARE IN T	HE PRESENCE OF A CERTIFYIN	G INDIVIDUAL TO SIGN THIS FORM.
REPLACEMENT CHE RETURN TO THE DE UNDER MY CONTRO OF THE TREASURY DAMAGE, AND EXPE	CCK BE ISSUED. IN CONSIDERA PARTMENT OF THE TREASURY OL AND TO INDEMNIFY AND HOL AND THE PAYOR FEDERAL RE	TION FOR THE ISSUANCE OF A THE MISSING CHECK SHOULD LD HARMLESS THE UNITED STA SERVE BANK AGAINST ALL CL AND EXPENSES, THAT MAY BE	SCRIBED ON THIS FORM AND THAT A REPLACEMENT CHECK, I AGREE TO IT COME INTO MY POSSESSION OR TES OF AMERICA, THE DEPARTMENT AIMS OR DEMANDS AND ALL LOSS, E INCURRED FROM HAVING PAID THE
I CERTIFY THAT ALL	. INFORMATION ON THIS FORM	IS TRUE, CORRECT AND COMP	LETE.
	SIGNATURE OF PAYEE		
ONE OF THE PAYEE		HIS REQUEST, DO YOU CERTIFY	TELEPHONE (Daytime) ECTED BY THE WORD "OR", AND Y THAT THE OTHER PAYEE DID NOT
	fying Individual: n(s) who appeared and date of app s require an original signature.	·	E IDENTITY(IES) IS/ARE KNOWN
	NAME(S) OF PERSON(S) WH	O APPEARED	, ,
AT	E, PERSONALLY APPEARED BE AND SIG	NED THIS REQUEST.	Y OF
Financial Insti Stamp (Such	LE CERTIFICATIONS: tution's Official Seal or as Corporate Seal,	SIGNATURE AND TIT	LE OF CERTIFYING INDIVIDUAL
-	aranteed Stamp, or mp). Brokers must on Stamp.	NAME OF F	INANCIAL INSTITUTION
			ADDRESS
		CITY/	STATE/ZIP CODE
			FELEPHONE

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Legacy Treasury Direct® INSTRUCTIONS FOR COMPLETING STOP PAYMENT/REPLACEMENT PAYMENT REQUEST

PURPOSE

This form can be used to: place a stop payment against a Legacy Treasury Direct check that has been lost, stolen, destroyed, or not received, and request the issuance of a replacement payment. The payment will be sent by direct deposit to your account at the financial institution shown for your Legacy Treasury Direct account whenever possible.

IMPORTANT NOTICES

- This form must be signed. Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read
 the instructions carefully and print clearly in ink only. Where spaces are provided, enter only one number or letter in each
 space.
- REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

1. Legacy Treasury Direct ACCOUNT INFORMATION

Provide your ACCOUNT NUMBER, ACCOUNT NAME, and CURRENT ADDRESS. You will find this information on your Legacy Treasury Direct *Statement of Account*. Indicate whether the current address you provide is different from the address listed on your *Statement of Account*. Also provide the CUSIP and DESCRIPTION of the loan for which the payment was made.

2. CHECK INFORMATION

Please provide as much information about the payment as possible, including:

CHECK NUMBER (a 9 digit number in the upper right corner of the check)

CHECK AMOUNT (the amount of the check you were to receive)

PAYMENT DATE (the date that the payment was due)

TYPE OF PAYMENT (principal, interest, or refund)

Indicate whether the check was not received, lost, stolen, or destroyed. If the check was lost, stolen, or destroyed, please describe the circumstances, including any endorsement you may have put on the check.

3. AUTHORIZATION

All payees must sign the form in the presence of an authorized certifying individual to request a replacement check. Identification may be required. Please provide an address and daytime telephone number (including area code) where you may be contacted if there are questions about this request. If there are two payees on the check inscription connected by the conjunction "or", the form may be signed by one payee provided the payee certifies (by checking the "yes" box in the note) that all other payees could not have had access to the original check.

4. CERTIFICATION

Certification of the payee's signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker are required.

SUBMISSION

Completed forms should be submitted to Department of the Treasury, Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.

Note: If we release a payment and you have an active Legacy Treasury Direct account, the money will be sent by direct deposit to the financial institution you designated in Legacy Treasury Direct.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (304) 480-6464.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process

your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.
We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.